


EXHIBIT 12

 Department of Veterans Affairs		REPORT OF CONTACT	
<i>NOTE: As appropriate, once this form is completed it becomes a permanent record in the veteran's folder. Please do not use a pencil to complete this form.</i>			
VA OFFICE Aleda E. Lutz VA Medical Center		IDENTIFICATION NOS. (C,XC,SS,XSS, V,K, etc.)	
LAST NAME-FIRST NAME-MIDDLE NAME OF VETERAN (Type or print) DR. ANGELA JOSEPH		DATE OF CONTACT 5/8/18	
ADDRESS OF VETERAN		TELEPHONE NO. OF VETERAN (Include Area Code) () - , Ext.	
PERSON CONTACTED		TYPE OF CONTACT (check one) <input checked="" type="checkbox"/> PERSONAL <input type="checkbox"/> TELEPHONE	
ADDRESS OF PERSON CONTACTED		TELEPHONE NO. OF PERSON CONTACTED () - , Ext.	
PERSON WHO CONTACTED YOU		TYPE OF CONTACT (check one) <input type="checkbox"/> PERSONAL <input type="checkbox"/> TELEPHONE	
ADDRESS OF PERSON WHO CONTACTED YOU		TELEPHONE NO. OF PERSON WHO CONTACTED YOU (Include Area Code) (989) 497-2500, Ext. 11630	
BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN <p>We are writing this report in regards to the Code Blue on 05/08/2018 in the Dental Clinic.</p> <p>We received a Rapid Response page to the Dental Clinic and upon arrival we placed a SpO2 ear oximeter on patient. Her oxygen saturation was 98% on room air. We then placed patient on 3L of oxygen due to patient complaint of severe chest pain. Patient appeared diaphoretic, clutching her chest, nauseated, very elevated blood pressure, anxious and left sided arm pain.</p> <p>When Dr. Joseph and nursing arrived, RRT requested that a code blue be called and 911 emergency. Dr. Joseph in agreement and VA Police made the call. Crash cart was brought from Nuclear Med Department by Respiratory. ACT RN and Respiratory requested that cardiac monitor be placed on patient times 3 but Dr. Joseph stated that she did not want monitor placed on patient. She stated that patient was alert, she felt her pulse and it was stable and not every chest pain patient needs to be on a cardiac monitor. However, Dr. Joseph proceeded to give the patient nitro and aspirin without cardiac monitoring.</p> <p>MMR arrived and asked if EKG had been done or did we have a telemetry strip on patient. MMR placed patient on their cardiac monitor and Dr. Joseph requested a 12 lead strip from MMR.</p> <p>At Code Blue debriefing Dr. Joseph was questioned by Cathy, RRT why she would not let the patient be placed on a heart monitor. Dr. Joseph stated the reasons she did not want to place patient on monitor:</p> <ul style="list-style-type: none"> • Patient alert • Dr. felt a good pulse (not thready) • Dr. did not want to make the patient more anxious • Dr. did not want to embarrass patient by disrobing her of her clothes to place leads • Dr. also stated that she doesn't feel it's necessary to place a cardiac monitor on all patients with chest pain • Dr. stated that not all Urgent Care patients with chest pain are put on cardiac monitors <p>Cathy, RRT responded that she thought it was protocol to place cardiac monitor and oxygen on all patients with chest pain. She also stated that we did not need to expose patient and leads could have been placed under patient's clothing discretely as MMR had done when they arrived. Cathy also expressed concern over giving patient medications without being on a cardiac monitor.</p>			
DIVISION OR SECTION 113/Diagnostic/Respiratory Therapy Staff		EXECUTED BY (Signature and Title) Cathy Archambault, Noelita Cicinelli	

